

**FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
Community Health and Safety
10777 MAIN STREET, SUITE 102
FAIRFAX, VIRGINIA 22030**

FAX (703) 278-8157

(703) 246-2300

TDD (703) 591-6435

APPLICATION FOR A CONTROLLED BURNING PERMIT

APPLICANT INFORMATION:

COMPANY NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMERGENCY NUMBER: _____

PERSONS RESPONSIBLE FOR CONDUCT OF BURNING:

NAME: _____

NAME: _____

PROPERTY INFORMATION:

PROJECT NAME: _____

PROJECT STREET ADDRESS: _____

PROJECT TAX MAP NUMBERS: _____

PROPOSED START DATE: _____ COMPLETION DATE: _____

SIZE OF AREA IN ACRES: _____

I CERTIFY THAT THE INFORMATION INCLUDED IN THE ABOVE APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND ACCEPT RESPONSIBILITY FOR ADHERENCE OF ALL THE REQUIREMENTS OF CHAPTER 103 OF THE COUNTY CODE AND THE CONDITIONS SPECIFIED IN THE PERMIT APPROVAL.

SIGNATURE OF COMPANY OFFICIAL

TITLE

DATE

OFFICE USE ONLY

APPLICATION RECEIVED BY: _____

NO.: _____